

TO: Joyce M. Grossnickle, Administrative Officer

FROM:

Kitty Devilbiss

DATE:

4 December 2008

Subject: Consideration of an agreement between the Department of Aging and the Maryland Chapter of the Arthritis Foundation

Presenter (Name & Title): Kitty Devilbiss, Community Services Manager, Department of Aging, Citizen Services

Requested Date: ~~18 December 2008~~ 6 January 2009

Phone: 301.600.3523
DEC 30 2008

Type of Briefing: (Click box to select)



Administrative Business



Worksession

Office of Administrative Closed Session



BOCC/BOE Mtg.



County/Municipal Mtg.



Public Hearing

Board Action Desired:



Decision



Guidance



Information



PowerPoint Presentation

Staff Coordination: This topic has been thoroughly coordinated with the following Division/Department Directors, and they will have representatives at the presentation: (click to place a check mark in the appropriate box).

	Staff	Initials	Date	Comments
✓	County Attorney	JSM	12/12/08	
✓	County Manager	RMT	12/13/08	YES
✓	Finance Director	PKK	12/24/08	
✓	Budget Officer	X	12-29-08	
	Fire & Rescue Services Dir.			
	Management Services Director			

	Staff	Initials	Date	Comments
	Permitting & Development Review Director			
	Planning Director			
	Public Works Director			
	Utilities and Solid Waste Management Director			
	Elected Officials			
	Independent Agencies			
✓	Other C. True, M. Nusbaum, M. B.	CB MNW	12/4/08 12/15/08	

m. Beard

12-22-08

Attachments:



Yes



No

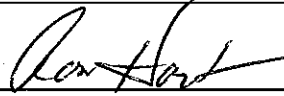
PLEASE NOTE: The **original and 10 copies** of all attachments (including the coordination sheet) are required for the Board of County Commissioners' meetings, which includes the Joint BOCC/BOE Meeting and the County/Municipal Meeting.

If you are scheduled for a **Closed Session**, then you only need to submit the **original and nine (9) copies** of the back-up material. Back-up materials are due to the Administrative Officer **ONE WEEK IN ADVANCE** of the meeting. If materials are not received in a timely manner, you will be asked to reschedule your item.

12/30/08

Date

THIS IS A "NEW" PROGRAM WHICH APPEARS TO HAVE NO FUNDING IMPLICATIONS. HOWEVER, PLEASE NOTE THAT EXHIBIT B STATES WE ARE GOING TO COMPENSATE LEADERS/ INSTRUCTORS. ALSO PLEASE NOTE THAT THERE ARE CERTAIN FACILITY STANDARDS WE MUST MEET ON EXHIBIT A.



Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature



FREDERICK COUNTY
Department
of Aging

Supporting seniors
and their families

1440 TANEY AVENUE • FREDERICK, MARYLAND 21702
301-600-1605 • FAX: 301-600-3554 • WWW.CO.FREDERICK.MD.US

MEMORANDUM

To: Board of County Commissioners

CAROLYN B. TRUE
DIRECTOR

From: Carolyn B. True, Director
Kitty Devilbiss, Community Services Manager

SUSAN E. SHELTON
ASSISTANT DIRECTOR

Date: 4 December 2008

Re: Agreement between Board of County Commissioners, on behalf
of the Department of Aging, and the Maryland Chapter of the
Arthritis Foundation

Issue:

Should the Board of County Commissioners, on behalf of the Department of Aging, enter into an agreement with the Maryland Chapter of the Arthritis Foundation to permit senior centers to offer authorized Arthritis Foundation Exercise Program classes?

Background Information:

By partnering with the Arthritis Foundation, the Department of Aging will benefit from the expertise and name recognition of an established and proven exercise program. This exercise program provides senior and disabled adults with an opportunity to participate in a fitness program that is designed specifically for individuals who have arthritis or related joint and autoimmune conditions at convenient locations (senior centers) throughout the county. By utilizing existing facilities and staff, the department optimizes resources with minimal expense.

Offering this program is in concurrence with the Department of Aging's Area Plan as well as directives from the Maryland Department of Aging to increase opportunities for Health Promotion and Disease Prevention. By accessing Arthritis Foundation Exercise Program classes at the senior centers, participants can expect to decrease pain and stiffness, increase mobility and function, improve stamina and reduce the risk of falls. Those benefits ultimately reduce costs for emergency services and health care. It our intent to utilize this program to demonstrate evidence based outcomes in the areas of symptoms, physical function and activity.

Staff Recommendation:

The Department of Aging staff recommends that the Board of County Commissioners approve the proposed agreement with the Arthritis Foundation and any subsequent budget transfers, including those that may be needed to recognize potential revenues.

Funding Information:

Budget Implication: No _____ Yes **XX** (If yes, provide the necessary information as outlined below)

Name of Account: Contracted Services

Account Number(s): 22-7121-51253-G22569

Amount of Funding Request: \$0.00

Other Information Pertinent To This Request:

There is no direct cost attached to the agreement between the Board of County Commissioners on behalf of the Department of Aging and the Maryland Chapter of the Arthritis Foundation.

The Department expects to incur an initial expense of approximately \$400.00 to train a maximum of four current staff members to become certified instructors of the Arthritis Foundation Exercise Program (addendum B). Title 3D monies from Account # 22-7121-51253-G22569 will be utilized for this purpose. We anticipate revenue from participant contributions will offset training expenses within three months of implementation of classes.

Participants will be required to register in advance and pay a registration fee of \$15 for an Arthritis Foundation Exercise Program class that meets two times per week for eight weeks. The class will not be offered unless there is a minimum enrollment of 6 students (\$90 revenue) per class. Maximum enrollment will be 15 students (\$225 revenue) per class. Classes will be offered on an ongoing basis as long as minimum enrollment is obtained.

Renewal of Instructor certification occurs every three years. The program will be reevaluated at that time to determine if participation and revenue warrant recertification costs as well as to consider if additional instructors are needed.

Arthritis Foundation

Program Co-sponsorship Agreement

The Arthritis Foundation ("AF"), Maryland Chapter ("AF Chapter"), has agreed to co-sponsor the following AF programs:

☐ **Arthritis Foundation Exercise Program** at the Frederick County Department of Aging agency ("Co-sponsoring Agency" or "Agency"), with its facility location at 1440 Taney Avenue, Frederick, MD 21702 offering programs in various locations listed on Addendum A. This co-sponsorship is contingent upon the following conditions, to which the parties agree by the signatures of their representatives below:

I. The Co-sponsoring Agency will be responsible for the following:

1. Personnel and Training:

- a) Ensure that the AF programs are only taught by persons who have successfully met the pre-requisites, completed an approved leader/ instructor training workshop, and maintained their AF certification. Recertification training must be obtained by the leaders/ instructors every three years. If the approved leader/ instructor leaves the Agency, the program must be discontinued until a qualified leader/ instructor is obtained.
- b) Ensure that any program training workshops done in collaboration with the Agency include representatives of the AF and are conducted by AF program trainers approved by the AF. Agree that the leader/ instructor training workshops are only open to those who meet the pre-requisites and who have been prescreened and approved by the AF.

2. **Facility Standards:** Adhere to the minimum facility standards for the duration of the program as set forth in Exhibit A and made a part of this agreement. Provide any other reasonable accommodation that may be necessary to ensure that the program is accessible to people with disabilities.

3. Program Implementation:

- a) Ensure that Agency personnel follow the standardized program curriculum and that there is no variation in the approved program content or process described in the program leader/instructor manuals without prior written permission. The leaders/ instructors shall agree to such by forwarding a signed Statement of Understanding Form to the AF.
- b) Carry out program logistics as outlined in Exhibit B and made part of this agreement.
- c) Adhere to AF guidelines regarding program naming and use of AF logo. Use the full program name "Arthritis Foundation Exercise Program, Arthritis Foundation Aquatic Program, Arthritis Foundation Self-Help Program" or "Arthritis Foundation Tai Chi Program" as the official program titles and acknowledge and credit the AF in news releases, published reports, brochures and other program materials.

4. Program Monitoring, Participant Information and Evaluation:

- a) Monitor the AF programs to maintain safe, high-quality classes.
- b) Provide the AF with reasonable access to the facility for periodic site visits.
- c) Collect and submit the following to the AF within two weeks of course completion or end of quarter for ongoing classes:
 - 1) Participant Release Form signed by each new class participant. The form is set forth on attached Exhibit C and made part of this agreement.
 - 2) Program Information and Participant Roster Forms.
- d) Notify the AF of any changes in agency contact person, course schedules or leaders/ instructors within 30 days of their occurrence.

5. **Agency Contact Person(s):** The Co-sponsoring Agency shall designate a contact person within the Agency who will receive a copy of this agreement, help ensure that the above responsibilities are upheld, and maintain communication with the AF. This primary contact person's name and contact information is listed below. (A Co-sponsoring Agency with multiple delivery facilities shall indicate additional contact person names and information on Addendum A.)

Kitty Devilbiss

301.600.3523

kdevilbiss@fredco-md.net

Name

Phone Number

Email

I. The AF Chapter will be responsible for the following:

1. Provide and/or participate in training and recertification training for class leaders/ instructors.
2. Provide certification to trained leaders/ instructors after they have taught a series of six classes.
3. Make available marketing materials and/or assist in the promotion of the program to its members and recruitment of class participants.
4. Keep AF certified leaders/ instructors and the Co-sponsoring Agency informed of latest Arthritis Foundation information of interest to class participants or patrons.
5. Assist in ordering AF materials.
6. Assist in conducting site and program evaluations and providing compiled data back to the Agency.

III. Insurance and Liability:

1. The AF Chapter and the Co-sponsoring Agency shall each maintain comprehensive general liability insurance with limits of not less than One Million Dollars (\$1,000,000) combined single limit for personal injury and property damage. The Agency shall provide a current certificate of insurance or other evidence of such insurance coverage.
2. The AF Chapter shall indemnify and hold harmless the Co-sponsoring Agency, its officers, directors, employees, and volunteers from and against any and all actions, suits, judgments, damages, proceedings, claims, demands, losses, costs, and expenses, including reasonable legal costs and attorneys' fees, arising from or related to any negligence or willful misconduct on the part of the AF, the AF Chapter, or their respective officers, employees, agents or volunteers in connection with programs that are the subject of this agreement; provided, however, that the Co-sponsoring Agency acknowledges that Leaders/Instructors of the programs that are employees of or are contracted by the Agency are not employees, agents or volunteers of the AF or the AF Chapter. The Co-sponsoring Agency shall indemnify and hold harmless the AF, the AF Chapter, and their respective officers, directors, employees, and volunteers from and against any and all actions, suits, judgments, damages, proceedings, claims, demands, losses, costs, and expenses, including reasonable legal costs and attorneys' fees, arising from or related to: (i) any negligence or willful misconduct on the part of the Co-sponsoring Agency, its officers, employees, agents or contractors in connection with programs that are the subject of this agreement, or (ii) the condition or safety of the facility.

IV. Notices:

1. Any modification of this agreement shall be binding only if evidenced in writing signed by the authorized representative of both parties.
2. This Co-sponsorship Agreement will terminate three (3) years from the date of signing and is subject to renewal at that time.
3. Either the AF Chapter, or the Co-sponsoring Agency, reserves the right to terminate this agreement with 30 days written notice delivered by certified mail. However, the AF may terminate the agreement immediately in writing if serious safety violations or apparent disregard for program guidelines is found.
4. Unless notified to the contrary, notices shall be provided as follows:

Arthritis Foundation, Maryland Chapter:

9505 Reisterstown Rd., Ste. 1 North
Address

Owings Mills, MD 21117
City, State, Zip Code

Laura Holste-Gross
Representative Name

Program Director
Representative Title

410-654-6570, x224; @arthritis.org
Representative Phone/E-mail

Representative Signature

Date

Co-sponsoring Agency: Board of County Commissioners
on behalf of Frederick County Department of Aging

1440 Taney Avenue
Address

Frederick, MD @1702
City, State, Zip Code

Jan H. Gardner
Representative Name

President, Frederick County Board of County Commissioners
Representative Title
Kitty Devilbiss, Community Services Manager

301.600. 3523 / kdevilbiss@fredco-md.net
Representative Phone/E-mail

Representative Signature

Date

Optional Addendum A: Program Locations

A. Facility/ Location Name Street Address City, State, Zip	B. AF Programs To Be Offered At Site*			C. Facility Contact Person Name Title Phone Number Email Address
	AF Aquatic	AF Exercise		
Frederick Senior Center 1440 Taney Avenue Frederick, MD 21702		XX		Linda McGinnes, Coordinator 301.600.3525 Lmcginnes@fredco-md.net
Brunswick Senior Center 12 East A Street Brunswick, MD 21727		XX		Cathy Barnes, Coordinator 301.834.8115 Cbarnes@fredco-md.net
Thurmont Senior Center 806 E. Main Street Thurmont, MD 21788		XX		Anna Rollins, Coordinator 301.271.7911 Arrollins@fredco-md.net
Emmitsburg Senior Center 300A South Seton Avenue Emmitsburg, MD 21727		XX		Linda Umbel, Coordinator 301.600.6350 Lumbel@fredco-md.net
Urbana Senior Center 9020 Amelung Street Urbana, MD 21704		XX		Susan Hofstra, Coordinator 301.600.7020 Shofstra@fredco-md.net

*For optional use to indicate which programs are offered at different facilities if there is variation among facilities

In order to ensure their accessibility, safety and overall suitability, the host sites in which Arthritis Foundation (AF) Program classes are conducted must meet the following minimum characteristics and should make every reasonable effort to meet the "recommended" guidelines:

1. An accessible site consistent with the Americans with Disabilities Act, including reasonable accommodations such as:
 - a. Handicapped parking spaces or other designated parking within close proximity.
 - b. At least one building entrance with an easy-to-open door close to parking and useable by persons with disabilities. Entrances with steps must have railings.
 - c. Barrier-free exercise room, meeting room or pool that are accessible to people with disabilities.
 - d. Accessible changing and restroom facilities, with adequate provisions for seating, located near the exercise room or pool.
 - e. Entrance doors that are easily operable by people with upper extremity limitations in the locker room, locker and restroom.
2. Sites offering the Arthritis Foundation Exercise Program, the Arthritis Foundation Tai Chi Program or the Arthritis Foundation Self-Help Program must provide:
 - a. Instructor or other personnel on site with CPR certification (required if offering the Arthritis Foundation Exercise Program or Arthritis Foundation Tai Chi Program and recommended for the Arthritis Foundation Self-Help Program).
 - b. It is also "recommended" that sites provide an exercise/ meeting room set-up that facilitates safe, comfortable, effective group interaction and activity, with features such as:
 - Sufficient space for easy movement.
 - Sufficient space for assistive devices such as walkers and crutches.
 - Clutter-free space, to reduce chances of falls or other injuries.
 - Adequate acoustics so the instructor can be easily heard.
 - No other concurrent activities in the room.
 - Adequate lighting, to reduce chances of falls or other injuries.
 - Comfortable room temperature.
 - Sturdy chairs that do not slide easily, preferably of varying heights.
 - Carpeted floor or mats (if offering the AF Exercise Program and doing floor exercises)
3. Arthritis Foundation Aquatic Program sites must provide a pool with:
 - a. Water temperature maintained between 83 and 88 degrees Fahrenheit.
 - b. Readily available safety and water rescue equipment.
 - c. Clean and uncluttered deck area
 - d. In accordance with state law, provide a written emergency procedure and an instructor or other person at the pool with current lifeguard or water safety/ rescue and CPR certification. It is "recommended" that there be a second person at the pool or immediately available to assist with water rescue.
 - e. It is also "recommended" that sites provide a safe, comfortable pool environment including:
 - Air temperature within five degrees of the water temperature.
 - Adequate pool depth and pool size to allow submergence of all joints being exercised and easy movement for all participants.
4. Allow classes to be open to the community unless specific arrangements have been made with the AF.

Exhibit B: Co-sponsoring Agency Responsibilities

The Co-sponsoring Agency and the AF Chapter agree to the following responsibilities (check all that apply):

Part 1: Program Logistics

Possible responsibilities and tasks	What Co-sponsoring Agency Has Agreed to Do (check all that apply)	What AF Has Agreed to Do (check all that apply)
Secure Course Location(s)/ Meeting Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule Class Dates and Times	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure Leaders/ Instructors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Market Course Offering(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Register Participants	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Collect Course Fees	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Obtain Course Materials - <i>option 2</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide Any Needed Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Provide AF Consumer Publications/Resources to Participants	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Collect and Report Participant Outcome Data/ Evaluations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Compensate Leaders/ Instructors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER—List:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: Training Workshops (COMPLETE ONLY if co-sponsoring training workshops)

N/A

Possible responsibilities and tasks	What Co-sponsoring Agency Has Agreed to Do (check all that apply)	What AF Has Agreed to Do (check all that apply)
Secure Training Location(s)	<input type="checkbox"/>	<input type="checkbox"/>
Select and Secure Trainer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and Orient Trainer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Compensate Trainer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Market Training and Recruit Trainees	<input type="checkbox"/>	<input type="checkbox"/>
Secure Lodging for Trainer and Trainees	<input type="checkbox"/>	<input type="checkbox"/>
Handle Training Registration	<input type="checkbox"/>	<input type="checkbox"/>
Collect Training Fees	<input type="checkbox"/>	<input type="checkbox"/>
Screen and Approve Training Applications	<input type="checkbox"/>	<input type="checkbox"/>
Create Roster	<input type="checkbox"/>	<input type="checkbox"/>
Obtain Training Materials	<input type="checkbox"/>	<input type="checkbox"/>
Provide Training Equipment (AV/Flipcharts/Etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Arrange for/ Provide Lunch and/or Refreshments	<input type="checkbox"/>	<input type="checkbox"/>
Copy/ Provide Any Needed Forms and Resource Materials	<input type="checkbox"/>	<input type="checkbox"/>
Deliver Training Materials to Workshop Site	<input type="checkbox"/>	<input type="checkbox"/>
Set-up/Tear Down Training Location(s)	<input type="checkbox"/>	<input type="checkbox"/>
Collect Paperwork (Workshop Evaluations, roster, etc.); Send to AF	<input type="checkbox"/>	<input type="checkbox"/>
OTHER—List	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>



*Required information

Devilbiss, Kitty

Addendum B

From: Laura Holste-Gross [lholst1@students.towson.edu]
Sent: Wednesday, December 03, 2008 2:09 PM
To: Devilbiss, Kitty
Subject: Arthritis Foundation Exercise Program leader training costs

Kitty,

The cost for the Arthritis Foundation Exercise Program leader training is \$90 for new certification and \$60 for recertification. The certifications are good for three years from the training date, and certification goes with the leaders, not the sites. That can be useful for those who teach at more than one location, and useful for the locations to know, as well. Once we have a firm date for the Edenton training, I will forward an announcement that you can pass on. Thanks in advance, and I hope this helps.

Laura Holste-Gross
Program Coordinator
Arthritis Foundation, Maryland Chapter

12/3/2008